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★ FEB 21 2019 ★
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LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Christopher Emanuel James

CV - 19 1175

(In the space above enter the full names(s) of the plaintiff(s).)

-against-

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial ☒ Yes ☐ No
(Check one)

Riverhead County Jail
Lieutenant Aires Badge # 6207
Correctional officers
M.N. MS. Lisa

BIANCO, J.

BROWN, M. J.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Address should be included here)

I. Parties in this Complaint

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Christopher James
ID# 099491313 DIN# 18A4676
Current Institution DOWN STATE CORR. FACILITY
Address 121 Red School House Rd. Box F
Fishkill, NY 12524-0445

- B. List all defendants' names. Positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of papers as necessary.

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Defendant No. 1 Name River Head County Jail Shied # ~~6207~~
 Where Currently Employed Suffolk County Jail
 Address 110 Center Drive, River Head, NY 11901

Defendant No. 2 Name Lieutenant Aires Shied # 6207
 Where Currently Employed River Head County Jail
 Address 110 Center Drive, River Head, NY 11901

Defendant No. 3 Name Correctional officers Shied # N/A
 Where Currently Employed River Head County Jail
 Address 110 Center Drive, River Head, NY 11901

Defendant No. 4 Name Registered Nurse Ms. Lisa Shied # N/A
 Where Currently Employed River Head County Jail
 Address 110 Center Drive, River Head, NY 11901

Defendant No. 5 Name _____ Shied # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claim. Do not cite any case or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? IM River Head County Jail in Suffolk County Corr. Facility
- B. Where in the institution did the events giving rise to your claim(s) occur? IM the S.H.U. 4 South East, Mental observation 2 South East & B.M.H.U. 4 South West.
- C. What date and approximate time did the events giving rise to your claim(s) occur? From August 22, 2018 to December 11, 2018

D. Facts: On August 22, 2017, excessive force was used against me because of a dispute (verbal) I had with AM officers. I was then taken to the S.H.U. on 4 South East where I displayed "unusual behavior", such as screaming "Queen Stone", shouting Hymms & A-Au-Au, not eating breakfast, lunch or dinner, and not going to sleep. I was sent to mental observation in 2 South East but was not seen by a professional or doctor about my condition in Riverhead county jail & my unusual behavior, and was then taken to B.M.H.V. where I threw water at a C.O. At B.M.H.V. I displayed the same unusual behavior, banging on my door, showing my penis to every body, even inmates that wanted by, and throwing water over myself in my cell. I tried to talk to the Lieutenant, she ignored me. I asked for grievances so I can be housed in a hospital or see someone because I felt I "lost my mind" and one was not given to me. I asked nurse Lisa for help & she declined me medical/psychiatric attention. I was neglected by all Riverhead staff. During my psychiatric episode and was not provided with adequate medical/psychological care. I've sustain permanent damage from my character and do not know what "reality" is. I would like to sue under my 8th Amendment rights being violated for cruel & unusual punishment & my 14th Amendment rights being violated for neglecting of my due process.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Bi-polar Disorder, Social Anxiety Disorder, Borderline Personality Disorder & Major Depression. I did receive any treatment for these conditions, anywhere.

IV. Exhaustion of Administrative Remedies:

The Prisoner Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any or Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

SAME AS ABOVE

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not know ☐

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all your claim(s)?

Yes ☐ No ☒ Do Not know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other facility correctional where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint, where did You file the grievance?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the Grievance?

N/A

1. Which claim(s) in this complaint did you grievance N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to The highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reason why you did not file a grievance, state them here: WAS NOT
IN MY "RIGHT STATE OF MIND". DID NOT EVEN KNOW THEY
EXISTED AT THE TIME. I WAS "MENTALLY UNSTABLE" FOR 3 1/2 MONTHS.

2. If you did not file a grievance but informed any official of your claim, state who you informed, when and how, and their response, if any: LIEUTENANT AILES. DID NOTHING.
JUST LOOKED AT ME & WALKED OFF.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I WAS NOT IN MY "RIGHT STATE OF MIND", AND WAS
LIKE CHUCKY, AT THAT TIME. SOMEBODY SHOULD HAVE DID "SOMETHING".
THIS EPISODE OR THESE EPISODES DID NOT HAPPEN IN PRIVATE

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, That you are seeking and basis for such amount). I SEEK \$1,000,000 A.S.A.P.

VI. Previous lawsuit:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ✓

- B. If your answer to A is yes, describe each lawsuit by answering questionings 1 through 7 below. (If there is more than one law suit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district, if state court, name the county) _____

3. Docket or index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

7. What was the result of the case? (For example: Was the case dismissed? Was there Judgment in your favor? Was the case appealed? _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ✓ No _____

- D. If your answer to C is Yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, Using the same format.)

1. Parties to previous lawsuit:

Plaintiff Christopher JAMES

Defendants S.C. Supreme Court & S.C. Homicide Section

2. Court (if federal court, name the district, if state court, name the county) Eastern
District District court, AND court of Appeals
3. Docket or index number 18-3332 from 18-CV-2826
4. Name of Judge assigned to your case Judge Bianco
5. Approximate date of filing lawsuit 5/10/18
6. Is the case still pending? Yes ☒ No ☐
7. What was the result of the case? (For example: Was the case dismissed? Was there Judgment in your favor? Was the case appealed? Appealed
- _____
- _____

I declare under penalty of perjury that the forgoing is true and correct.

Signed this 21 day of February, 20 19.

Signature of Plaintiff C. James

Inmate Number 18A4676, 099491315

Institution Address 121 Red School House Rd
Fishkill, NY 12524

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21 day of February, 20 19, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff C. James